MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03742

3756

CERTIFICATE OF DEATH

Reg. Dist. No. 200

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Kent MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Chesterville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesterville X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) Paul (Middle) John (Last) Antone

4. DATE OF DEATH: (Month) 4/9/55 (Day) (Year) 19

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Mar. 5, 1908

9. AGE last birthday: 47 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck driver

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Kent Co. Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Matt Antone

14. MOTHER'S MAIDEN NAME: Annie Nickerson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 218-03-3262

17. INFORMANT & ADDRESS: Anna Mae Antone Chesterville, Md wife

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 12 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Degeneration of the heart muscle — 2

DUE TO (C) Sclerosis of the coronary artery — 2

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 28 1955, to Apr 9, 1955, that I last saw the deceased alive on Apr 9, 1955, and that death occurred at 8.45 P. M, from the causes and on the date stated above.

SIGNATURE Elza Knalenbu M.D. ADDRESS Millington DATE SIGNED 4.10.55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 4/12/1955

NAME OF CEMETERY OR CREMATORY: Wesley Chapel CEM

LOCATION (City, town, or county) (State): Rockhall Md

DATE REC'D BY LOCAL REGISTRAR: April 10 1955

REGISTRAR'S SIGNATURE: Edward Fellows

24. FUNERAL DIRECTOR: J. Willis Wells ADDRESS: Chestertown, Md.

3757

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

03743

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Kent; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown; LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Farm near Fairlee

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Farm - near Fairlee, Md.
STREET ADDRESS (If rural, give location) Chestertown, RFD

3. NAME OF DECEASED (Type or Print): (First) George (Middle) T. (Last) Berger
4. DATE OF DEATH (Month) (Day) (Year): Apr. 4, 1955
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 5/25/1888
9. AGE last birthday: 66 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Manager
11. BIRTHPLACE (State or foreign country): Kent Co. Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Thomas Berger
14. MOTHER'S MAIDEN NAME: Alice Davis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: don't Know
17. INFORMANT AND ADDRESS: wife Mrs. Mary Berger Chestertown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 928.1 Multiple severe crushing injuries

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) & thorax & abdomen

(c)

INTERVAL BETWEEN ONSET AND DEATH: don't Know

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Farm
(CITY OR TOWN) Chestertown (COUNTY) Kent (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 4 4 55 8-8½ a.m.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? attacked by bull -

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Robert W Barr (Degree or title) M.D. ADDRESS: Chestertown Md DATE SIGNED: 4-4-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 4/6/1955
NAME OF CEMETERY OR CREMATORY: Wesley Chapel Cem.
LOCATION (City, town, or county) (State): Rock Hall, Md.

DATE REC'D BY LOCAL REG.: April 5, 1955
REGISTRAR'S SIGNATURE: Clara L. Barnes.
24. FUNERAL DIRECTOR: J. Willis Wells - ADDRESS: Chestertown, Md

VS. A15A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

3758

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03744

CERTIFICATE OF DEATH

Reg. Dist. No. 102

1. PLACE OF DEATH: COUNTY KENT — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL CHESTERTOWN — LENGTH OF STAY (in this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS NEAR POMONA

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY KENT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - CHESTERTOWN
STREET ADDRESS (If rural, give location) NEAR POMONA

3. NAME OF DECEASED (Type or Print): (First) CARL (Middle) CHRISTIAN (Last) DOLL

4. DATE OF DEATH: (Month) APRIL (Day) 12 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: AUG 13, 1891

9. AGE last birthday: 63 yrs. — If under 1 year: Months; If under 24 hrs.: Days; Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MOULDER

10b. KIND OF BUSINESS OR INDUSTRY: FOUNDRY

11. BIRTHPLACE (State or foreign country): ILLINOIS

12. CITIZEN OF WHAT COUNTRY: U.S. BORN

13. FATHER'S NAME: CHRISTOPHER DOLL

14. MOTHER'S MAIDEN NAME: MARGARET BORST

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, specify war or service): WORLD WAR I

16. SOCIAL SECURITY NO.: 342-10-2503

17. INFORMANT AND ADDRESS: WIFE OF DECEASED

I990043

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

154X Immediate cause (a) Carcinomatosis — Interval Between Onset and Death: 3 - 4 month

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Adeno Carcinoma of rectum — several months
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐ X

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/2, 1955, to 4/12, 1955, that I last saw the deceased alive on 4/12, 1955, and that death occurred at 7 40 PM m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Robert W. Farr, M.D. ADDRESS: Chestertown, Md. DATE SIGNED: 4/14/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Apr. 15, 1955 — NAME OF CEMETERY OR CREMATORY: Chester Cemetery — LOCATION (City, town, or county) (State): Chestertown, Md.

DATE REC'D BY LOCAL REG.: april 14 1955 — REGISTRAR'S SIGNATURE: Clara L. Barnes

24. FUNERAL DIRECTOR: J. Willis Wells — ADDRESS: Chestertown, Md.

3759

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03745 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 200

1. PLACE OF DEATH:
COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millington
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Road East of Millington, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Kent
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Millington
STREET ADDRESS (If rural, give location) R.D. 2

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Howard (Last) Green

4. DATE OF DEATH: (Month) 4 (Day) 9 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 12-28-1912

9. AGE last birthday: 42 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Millington, Kent Co.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Howard George Green

14. MOTHER'S MAIDEN NAME: Hester Ann Newcomb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 213-24-1014

17. INFORMANT & ADDRESS: Wm. Alexander Gooden R.D. 2 - Millington, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) DUE TO (22 cal. bullet wound in the head - temporal ~~parietal~~ region - 1inch inferior to vertex) — Interval Between Onset and Death: instantly

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDING OF OPERATION: Dead known

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY ~~Highway~~

21c. (City or town) Millington (County) Kent (State) Md.

21d. TIME OF INJURY (Month) 4 (Day) 9 (Year) 1955 (Hour) 9:45 A.M. P.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Homicide. Shot by 22 caliber weapon

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☒, Undetermined cause ☐.

SIGNATURE [signature] M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 4-13-1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 4-13-55

NAME OF CEMETERY OR CREMATORY Grays Chapel Cemtery

LOCATION (City, county) Near Millington (State) Md.

DATE REC'D BY LOCAL REG. April 13, 1955

REGISTRAR'S SIGNATURE Edward Fellows.

24. FUNERAL DIRECTOR Marvin V. Williams - Chestertown Md. **ADDRESS**

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03746

3760

CERTIFICATE OF DEATH

Reg. Dist. No. 200

1. PLACE OF DEATH:
COUNTY Kent MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Millington
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS (If not in hospital give street address or location)

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY Kent
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Millington X
STREET ADDRESS (If rural give location) /

3. NAME OF DECEASED: (Type or Print) (First) Russell (Middle) I. (Last) Hare

4. DATE OF DEATH: (Month) (Day) (Year) 4/ 21/1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	March 241882	73 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Lawyer		Ohio	U S A

13. FATHER'S NAME: Albert J. Hare

14. MOTHER'S MAIDEN NAME: Henrietta Ingman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
		none	Florence Hare Millington MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Was paralized since and had several attacks

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	Apoplexy	1942
ANTECEDENT CAUSE (B) DUE TO	Pyelonephritis	for years
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO	Hypertension	for 20 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12. 8 , 1954 to Apr. 21, 1955, that I last saw the deceased alive on Apr. 17, 1955, and that death occurred at 3 P. M, from the causes and on the date stated above.

SIGNATURE Joseph Kovalewski M.D. ADDRESS Millington Md DATE SIGNED 4. 22. 55.

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/26/55	Logan Cemetery	Logan, Ohio

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 22, 1955	Edward Tellous	Edward Tellous	Millington Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03747

3753

CERTIFICATE OF DEATH

Reg. Dist. No. 201

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown
LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent and Queen Anne Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kennedyville
STREET ADDRESS (If rural, give location) X / —

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) M. (Last) Hurlock

4. DATE OF DEATH: (Month) April (Day) 7 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: May 6, 1871

9. AGE last birthday 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10B. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm. J. HURLOCK

14. MOTHER'S MAIDEN NAME: MARY JANE GORDON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO. 215-26-4869

17. INFORMANT & ADDRESS: Elizabeth H. Fowler Still Pond, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

41 6X IMMEDIATE CAUSE — (A) Circulatory collapse — INTERVAL BETWEEN ONSET AND DEATH: 26 hours

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST — (B) Ulcers of Legs — DUE TO — Several years

(C) Old rheumatic heart disease — Several years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Anemia, urinary retention, enlarged prostate, bilateral hernias, senility — 10 days

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-31, 1955, to 4-7, 1955, that I last saw the deceased alive on 4-7, 1955, and that death occurred at 2:15 P M, from the causes and on the date stated above.

SIGNATURE A. C. Sick — ADDRESS M.D. Chestertown, Md — DATE SIGNED 4-7-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF April 10, 1955 | NAME OF CEMETERY OR CREMATORY Galena Cemetery | LOCATION (City, town, or county) (State) Galena Md.

DATE REC'D BY LOCAL REGISTRAR 4/10/55 | REGISTRAR'S SIGNATURE Ed. Kennard Jones | 24. FUNERAL DIRECTOR B. R. Fellows | ADDRESS Still Pond, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Circulatory Collapse

Myocarditis

Old rheumatic heart disease

Chronic urinary retention enlarged prostate

bilateral hernias, senility

03748

MARYLAND — **STATE DEPARTMETT OF HEALTH**

3761 CERTIFICATE OF DEATH

Reg. Dist. No. 20

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH — COUNTY: Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Georgetown
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Georgetown

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland. COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Georgetown
STREET ADDRESS (If rural, give location): Georgetown

3. NAME OF DECEASED (Type or Print): (First) S. (Middle) Herman (Last) McCauley

4. DATE OF DEATH: (Month) Apr. (Day) 30 (Year) 1955

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married.

8. DATE OF BIRTH: Dec. 29 1883

9. AGE last birthday: 71 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Mgr.

10b. KIND OF BUSINESS OR INDUSTRY: Farming.

11. BIRTHPLACE (State or foreign country): Kent Co. Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: J. Bernard McCauley

14. MOTHER'S MAIDEN NAME: Elmina Wendall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: 212-03-3430

17. INFORMANT AND ADDRESS: Mrs. Margaret W. McCauley - Georgetown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Myocardial Infarction — Interval between onset and death: 5 min.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Coronary Occlusion — 5 min

(c) Arteriosclerotic Heart Disease — 3+ years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 28, 1955, to Apr. 30, 1955, that I last saw the deceased alive on Apr. 30, 1955, and that death occurred at 9:00 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Wallace Oberlain, MD

ADDRESS: Cecilton, Md.

DATE SIGNED: 30 April 55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: May. 2 1955

NAME OF CEMETERY OR CREMATORY: Galena Cemetery

LOCATION (City, town, or county) (State): Galena Kent Co. Md.

DATE REC'D BY LOCAL REG.: May 1, 1955

REGISTRAR'S SIGNATURE: Elizabeth J. Mulford

24. FUNERAL DIRECTOR / ADDRESS: Marion U. Williams - Chestertown Md

3754 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03749

CERTIFICATE OF DEATH

Reg. Dist. No. 201

1. PLACE OF DEATH: COUNTY KENT MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CHESTERTOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS KENT + QUEEN ANNE'S HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WORTON (RURAL)
STREET ADDRESS (If rural give location) WORTON POINT

3. NAME OF DECEASED: (First) MARGARET (Middle) (Last) MYERS

4. DATE OF DEATH (Month) APRIL (Day) 9 (Year) 1955

5. SEX: FEMALE | 6. COLOR OR RACE: WHITE | 7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify): | 8. DATE OF BIRTH: MAY 17, 1878 | 9. AGE last birthday 76 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): MARYLAND | 12. CITIZEN OF WHAT COUNTRY? U.S. BORN

13. FATHER'S NAME: JOHN YOUNGER | 14. MOTHER'S MAIDEN NAME: SARAH GEPHART

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO | (If Yes, give war or dates of service) — | 16. SOCIAL SECURITY NO NONE | 17. INFORMANT & ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE 420.0	(A) ARTERIOSCLEROTIC HEART DISEASE - UNKNOWN	
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO	
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) ... M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAR 3, 1955, to APRIL 9, 1955, that I last saw the deceased alive on APRIL 8 1955, and that death occurred at 6 00 A M, from the causes and on the date stated above.
SIGNATURE J. Fulbrader M.D. ADDRESS Chestertown DATE SIGNED 4-9-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL | DATE THEREOF 4-12-55 | NAME OF CEMETERY OR CREMATORY CHESTER CEMTY | LOCATION (City, town, or county) CHESTERTOWN (State) MD.

DATE REC'D BY LOCAL REGISTRAR 4/11/55 | REGISTRAR'S SIGNATURE E. Leonard Jones | 24. FUNERAL DIRECTOR B. R. FELLOWS | ADDRESS STILL POND, MD.

VS. A15 — 10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

3755 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03750

CERTIFICATE OF DEATH

Reg. Dist. No. 20

1. PLACE OF DEATH:
COUNTY KENT MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CHESTERTOWN
LENGTH OF STAY (in this place) 37
HOSPITAL OR INSTITUTION OR STREET ADDRESS KENT & QUEEN ANNES HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY KENT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BETTERTON
STREET ADDRESS (If rural give location) X 1

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) E. (Last) RICE JR.

4. DATE OF DEATH: (Month) April (Day) 9 (Year) 1955

5. SEX MALE | 6. COLOR OR RACE: WHITE | 7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): MARRIED | 8. DATE OF BIRTH: JAN. 24, 1892 | 9. AGE last birthday 63 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FIREMAN
10B. KIND OF BUSINESS OR INDUSTRY: RAILROAD
11. BIRTHPLACE (State or foreign country): PENNSYLVANIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CHARLES E. RICE SR.
14. MOTHER'S MAIDEN NAME: ANNA MAY MILLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) W.W.I
16. SOCIAL SECURITY NO. 715-18-3669
17. INFORMANT & ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X IMMEDIATE CAUSE (A) Cerebral vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerosis, generalized — 10 years

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Pneumonia — 2 weeks

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 28, 1955, to April 9, 1955, that I last saw the deceased alive on April 7, 1955, and that death occurred at 6.20 AM, from the causes and on the date stated above.

SIGNATURE Florence Dunigan Joyce M.D. ADDRESS Worton, Md. DATE SIGNED April 11, 1955

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (SPECIFY) BURIAL | DATE THEREOF 4-11-55 | NAME OF CEMETERY OR CREMATORY STILL POND CEMTY | LOCATION (City, town, or county) STILL POND (State) MD.

DATE REC'D BY LOCAL REGISTRAR 4/11/55 | REGISTRAR'S SIGNATURE E. Kennard Jones | 24. FUNERAL DIRECTOR B. R. FELLOWS | ADDRESS STILL POND, MD.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

Item 18 Film G182 6-17-55 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03751 3

3762

CERTIFICATE OF DEATH

Reg. Dist. No. 25

1. PLACE OF DEATH:
COUNTY Kent MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Rock Hall
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) Millard (Last) Rodney

4. DATE OF DEATH (Month) April (Day) 19 (Year) 19 55

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower | 8. DATE OF BIRTH Nov. 26-1879 | 9. AGE last birthday 75 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Rodney
14. MOTHER'S MAIDEN NAME: Henrietta Downey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Walter R. Rodney--Rock Hall, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 48 hours

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Massive pleural effusion — weeks (?)

DUE TO (C) Possible tuberculosis (awaiting report of culture of fluid) — unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Report Negative

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1, 1955, to April 19, 1955, that I last saw the deceased alive on April 19, 1955, and that death occurred at 1.00 P M, from the causes and on the date stated above.
SIGNATURE Millard F. Smith MD M. D. ADDRESS Rock Hall, Md. DATE SIGNED 4/21/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF April 21 | NAME OF CEMETERY OR CREMATORY Wesley Chapel | LOCATION (City, town, or county) Rock Hall, Md. (State)

DATE REC'D BY LOCAL REGISTRAR April 21-1955 | REGISTRAR'S SIGNATURE S. Elwood Bowers | 24. FUNERAL DIRECTOR Edgar L. Lane ADDRESS Church Hill, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03752

3763 **CERTIFICATE OF DEATH** Reg. Dist. No. 200

1. PLACE OF DEATH:
COUNTY Kent MARYLAND
X CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Near Millington
LENGTH OF STAY (in this place) 39yrs.
00 HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Kent
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Millington X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) (Last) Toth

4. DATE OF DEATH: (Month) April (Day) 6 (Year) 19 55

5. SEX: male | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married | 8. DATE OF BIRTH: Sept 2. 1876 | 9. AGE last birthday 78 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | 10B. KIND OF BUSINESS OR INDUSTRY: own Farm | 11. BIRTHPLACE (State or foreign country): Hungary | 12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: James Toth Sr.

14. MOTHER'S MAIDEN NAME: Susan Sipos

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Rosa Toth Millington Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 IMMEDIATE CAUSE (A) Coronary occlusion — 3 days

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Coronary Sclerosis — 3 months

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Degeneration of the Heart Muscle - 2

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 2., 1955, to April 6, 1955, that I last saw the deceased alive on April 5, 1955, and that death occurred at 7.15 A M, from the causes and on the date stated above.

SIGNATURE Olga Konlewski M. D. ADDRESS Millington, Md DATE SIGNED 4-7-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 4/9/55 | NAME OF CEMETERY OR CREMATORY Millington Cem. | LOCATION (City, town, or county) (State) Millington Md.

DATE REC'D BY LOCAL REGISTRAR April 8 1955 | REGISTRAR'S SIGNATURE Edward Fellows. | 24. FUNERAL DIRECTOR ADDRESS Edward Pellour Millington Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03753

3764 **CERTIFICATE OF DEATH** Reg. Dist. No. 200

1. PLACE OF DEATH: COUNTY KENT MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X MILLINGTON
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY KENT
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MILLINGTON X
STREET ADDRESS (If rural give location) /

3. NAME OF DECEASED: (Type or Print) (First) HARRY (Middle) J. (Last) TOULSON

4. DATE OF DEATH: (Month) APRIL (Day) 26 (Year) 1955

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: JAN. 22, 1875
9. AGE last birthday 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED BALDWIN LOCOMOTIVE
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM J. TOWLSON
14. MOTHER'S MAIDEN NAME: CHARLOTTE FAULKNER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 179-12-8486
17. INFORMANT & ADDRESS: MRS. LEONARD WILSON, MILLINGTON, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
331X IMMEDIATE CAUSE	(A)	cerebral hemorrhage	3 1/2 hours
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B)	Hypertension	2
	DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 25, 1955, to ———, 19....., that I last saw the deceased alive on Apr. 25, 1955, and that death occurred at 1 A. M, from the causes and on the date stated above.

SIGNATURE Alfa Rovalewski M.D. ADDRESS Millington DATE SIGNED 4-26-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF 4/28/55
NAME OF CEMETERY OR CREMATORY MILLINGTON CEM.
LOCATION (City, town, or county) (State) MILLINGTON, KENT CO. MD.

DATE REC'D BY LOCAL REGISTRAR 4/26/55
REGISTRAR'S SIGNATURE Edward Fellows.
24. FUNERAL DIRECTOR Edward Fellows. ADDRESS Millington, Md.